Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFF	(1.136(a) Docket Number (Optional)
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R.	056291-5210
Application Number 10/543,106	Filed July 22, 2005
For Combination Therapy	
Art Unit 1614	Examiner Christopher R. Stone
This is a request under the provisions of 37 CFR 1.136(a) to exapplication.	xtend the period for filing a reply in the above identified
The requested extension and fee are as follows (check time pe	eriod desired and enter the appropriate fee below):
<u>E</u>	ee Small Entity Fee
One month (37 CFR 1.17(a)(1)) \$1	30 \$65 \$
Two months (37 CFR 1.17(a)(2)) \$4	90 \$245 \$
Three months (37 CFR 1.17(a)(3)) \$11	10 \$555 \$ 1110
Four months (37 CFR 1.17(a)(4)) \$17	30 \$865 \$
Five months (37 CFR 1.17(a)(5)) \$23	\$1175 \$
Applicant claims small entity status. See 37 CFR 1.27.	
A check in the amount of the fee is enclosed.	
Payment by credit card. Form PTO-2038 is attached.	
The Director has already been authorized to charge fees in this application to a Deposit Account.	
The Director is hereby authorized to charge any fees Deposit Account Number 50-0310	s which may be required, or credit any overpayment, to
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
I am the applicant/inventor.	
assignee of record of the entire interes	
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  attorney or agent of record. Registration Number 25,323	
attorney or agent under/37 CFR 1.34. Registration number/stacting under/37 CFR	-
Creff In 1/	January 15, 2009
Signature	Date
Donald J. Bird	202.739.5320
Typed or printed name	Telephone Number
NOTE. Signatures of all the inventors or assignees of record of the entire interessignature is required, see below.	t or their representative(s) are required. Submit multiple forms if more than one
Total of 2 (two) forms are submit	ted.

THE TOTAL CONTINUES AND ADDRESS OF THE SECONDARY OF THE S FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,